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| **MINIMUM EQUIPMENT** |
| EMS equipment and supplies | 1st in bag, oxygen cylinder and supplies, ECG monitor, backboard, c-collar |
| Props | ALS manikin, medication bottles, kitchen utensils, plates/bowls, cereal box or other appropriate breakfast food items |
| Medical Identification jewelry | Diabetic ID bracelet |
| **SETUP INSTRUCTIONS** |
| * Manikin or patient actor on floor
* Ensure IV arms other props are in the room
 |
| **BACKGROUND INFORMATION**  |
| EMS System description  | ALS unit |
| Other personnel needed (define personnel and identify who can serve in each role) | Daughter of patient – greets responders at the door and frames the context of the scene: “My mom/dad did not answer the phone when I checked in this morning so I stopped on my way home from work and found him/her on the floor in the kitchen, sitting in urine and feces. Please help…” |
| **MOULAGE INFORMATION**  |
| Integumentary | Hot, pale and dry |
| Head | --- |
| Chest | --- |
| Abdomen  | --- |
| Pelvis | --- |
| Back | Flank pain/ache |
| Extremities | Wound on heel of right foot (diabetic ulcer that is red, odiferous, with drainage) |
| Age  | 88 years old |
| Weight | 110 lbs. |

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| **DISPATCH INFORMATION** (Specific script for each scenario; Must be read over radio, telephone or in such a way that the candidate cannot look at the Examiner as he/she reads the dispatch information) |
| Dispatch time | 1615 |
| Location | Home, kitchen floor |
| Nature of the call | Geriatric patient – unknown medical problem |
| Weather | Rainy |
| Personnel on the scene | Daughter/Son |

**READ TO TEAM LEADER**: “Medic 5 respond to 105 East Main Street, a private residence for an elderly patient (male/female) with an unknown medical problem, time out 1615.”

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| **SCENE SURVEY INFORMATION** |
| A scene or safety consideration that must be addressed | Barking Dog – 6 minutes after arrival at the scene. |
| Patient location  | Kitchen floor leaning up against the refrigerator |
| Visual appearance | Frail and clean |
| Age, sex, weight | 88 year old, Male/Female, 110 lbs. |
| Immediate surroundings (bystanders, significant others present) | Daughter |
| Mechanism of injury/Nature of illness | Sepsis (currently treated for a UTI), Hyperglycemia |

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| **PRIMARY ASSESSMENT** |
| General impression | Sitting on the floor |
| Baseline mental status  | Anxious and confused (see GCS), alert to person and place |
| Airway | Open and clear |
| Ventilation | Slightly tachypneic |
| Circulation | Weak peripheral pulse, irregular |
| **HISTORY** (if applicable) |
| Chief complaint | Felt dizzy and non-well; eased self to floor before falling |
| History of present illness | Has not felt well for the last week, dizzy, burning on urination, and flank ache |
| Patient responses, associated symptoms, pertinent negatives |  |
| **PAST MEDICAL HISTORY** |
| Illnesses/Injuries | A-Fibrillation, UTI, Diabetes |
| Medications and allergies | metoprolol, metformin, warfarin, Bactrim ® |
| Current health status/Immunizations (Consider past travel) | --- |
| Social/Family concerns | Widowed |
| Medical identification jewelry | Diabetic bracelet |
| **EXAMINATION FINDINGS** |
| Initial Vital Signs | BP: 96/60 P: 118R: 28 Pain: 3Temperature: 101.2GCS: Total 14 (E:4; V:4; M:6) |
| HEENT | ---  |
| Respiratory/Chest | Equal chest rise/fall, clear equal bilateral breath sounds |
| Cardiovascular | Irregular, weak pulse |
| Gastrointestinal/Abdomen | --- |
| Genitourinary | Incontinent, burning sensation when urinating |
| Musculoskeletal/Extremities | Wound, right heel, odiferous and red |
| Neurologic | Oriented x 2 |
| Integumentary | Hot, pink and dry |
| Hematologic | --- |
| Immunologic | --- |
| Endocrine | --- |
| Psychiatric | --- |
| Additional diagnostic tests as necessary | ECG: Atrial FibrillationSPO2: 92% EtCO2 – 24Temperature – 102.2BGL: 362 mg/dL |

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| **PATIENT MANAGEMENT** |
| Initial stabilization/ Interventions/Treatments  | * Oxygen via NC at 2L
* Blood glucose
* Stroke Assessment (negative)
* IV access NS or LR, bolus with 500 mL and reassess
* Cardiac Monitor (3 Lead ECG) – Atrial Fibrillation
* 12 Lead ECG – Atrial Fibrillation
* Bandage foot wound
* **Post Event:**
* Reassess patient
 |
| Additional Resources  | --- |
| Patient response to interventions | Positive |
| **EVENT** |
| After 6 minutes on scene, dog begins barking. |
| **REASSESSMENT** |
| Appropriate management  | BP: 98/60 P: 98, irregularR: 22 Pain: 2SPO2: 96% EtCO2 – 32 BGL – 350 mg/dL |
| Inappropriate management  | BP: 90/58 P: 128R: 36 Pain: 6SpO2 – 86% EtCO2 – 22 BGL – 370 mg/dLMental status declining – GCS: 11 (E:3; V:3; M:5) |

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| **TRANSPORT DECISION:**  Team Leader should verbalize transport decision, reason for choosing the facility, and describe the appropriate transportation mode.  |
| Ground, load and go. Closest hospital is 15 minutes. |